

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I declare that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Death Domain Containing Receptor-4

the specification of which is being filed concurrently herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application, which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

<u>Priority Claimed</u>	
Yes	No

<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>
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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

<u>60/035,722</u> <u>(Application Serial No.)</u>	<u>01/28/97</u> <u>(Filing Date)</u>
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<u>60/037,829</u> <u>(Application Serial No.)</u>	<u>02/05/97</u> <u>(Filing Date)</u>
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(b) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status: patented, pending, abandoned)</u>
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert H. Benson (Reg. No. 30,446), A. Anders Brookes (Reg. No. 36,373) and James H. Davis (Reg. No. 40,582) of Human Genome Sciences, Inc. 9410 Key West Avenue, Rockville, Maryland, 20878.

I hereby declare that the statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of additional joint inventor: Jian Ni

Inventor's signature: _____ Date: _____
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Full name of additional joint inventor: Craig A. Rosen

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Full name of additional joint inventor: James G. Pan

Inventor's signature: _____ Date: _____
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Full name of first joint inventor: Reiner L. Gentz

Inventor's signature: _____ Date: _____
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Full name of additional joint inventor: Vishva M. Dixit

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AL NUMBER 09/013,895	FILING DATE 01/27/98	CLASS 435	GROUP A/R J. T -1643 16-16	ATTORNEY DOCKET NO. EF355
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APPLICANT
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CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION NO. 60/035,722 01/28/97
PROVISIONAL APPLICATION NO. 60/037,829 02/05/97

CW

371 (NAT'L STAGE) DATA***
VERIFIED None

CW

FOREIGN APPLICATIONS***

VERIFIED

None

CW

FOREIGN FILING LICENSE GRANTED 03/18/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	Sheets Drawing 8	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6
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Verified and Acknowledged

CW

Examiner's Initials

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#17

TITLE

DEATH DOMAIN CONTAINING RECEPTOR 4 NUCLEIC ACIDS AND METHODS

FILING FEE RECEIVED \$1,188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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